



HOME OF THE BLAZERS

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION AT SCHOOL (MUST BE SIGNED BY PARENT)

School Year: _____

Please Print

Student's Name: _____ Birthdate: _____

Student's allergies: _____

Name of Medication: _____

Diagnosis for medication administration at school: _____

Medication Dose: _____ Medication Route: _____

Time of day medication to be given: _____

Date to START medication: _____ Date to STOP medication: _____

Possible side effects: _____

Licensed Health Care Provider Name: _____

Licensed Health Care Provider Phone: _____

Parents Please Read Carefully:

I understand that all medication will be provided by me in the original container, clearly labeled with my child's name. I will notify the school if the medication is discontinued or the dosage has been changed. Permission is granted to the principal/and or school nurse to share this information with individuals who have responsibility for my child. The first dose will be given at home in efforts to monitor for adverse reactions. I give permission for the school to administer the medication to my child as directed by the manufacturer, according to school requirements. I give the school nurse and/or designee permission to contact the above health care provider's office to request medical information concerning my child. I am responsible for replacing medication before the expiration date as expired medication will not be given at school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone Number: _____

Please Note:

- A special permission form is required for each medication to be administered.
- Medication must be brought to the school nurse by a responsible adult. Do not send medication with a student.
- Parents are responsible for noting the expiration date of all medications. Expired medication will not be given.
- Any medication not picked up by the last day of school will be destroyed according to school district guidelines.
- Any over-the-counter medication given every day for 10 consecutive days must have a physician's authorization.